Challenges, Transitions, and Healthy Aging: Introduction to the Special Issue

Michael Caserta, PhD - Guest Editor

University of Utah

*****Direct correspondence to Dr. Michael Caserta, Gerontology Interdisciplinary Program, College of Nursing, and Center on Aging, University of Utah, 10 S 2000 E, Salt Lake City, UT 84112.

Email: michael.caserta@nurs.utah.edu

Challenges, Transitions, and Healthy Aging: Introduction to the Special Issue

Rowe and Kahn's (1987) seminal piece in the Journal, *Science*, and the work driven by the MacArthur Foundation that followed (Rowe & Kahn, 1997, 1998) arguably signaled a paradigm shift in how we think about aging and health. Rather than a purely biomedical view of aging and health, Rowe and Kahn postulated a broader perspective suggesting that in addition to the avoidance of disease and disability (and risk factors that predispose one to such consequences), "successful" aging also entails maintaining a high level of function, and being actively engaged with life through social connectedness and productive activity. Healthy aging, therefore, is best viewed contextually, involving an interplay of personal (including behavioral and attitudinal as well as genetic), environmental, social and cultural factors (House, 2002; Sallis, Owen, & Fisher, 2008; Vaillant, 2002; Vaillant & Mukamal, 2001).

Investigations such as the Nun Study (Snowdon, 2001) and the Landmark Harvard Study of Adult Development (Vaillant, 2002) demonstrated that healthy aging is an outcome of a convergence of multiple influences over one's lifetime. It is, hence, a life course issue, potentially subject to the challenges associated with altered circumstances out of the individual's control (such as spousal loss), or one's deliberate attempt to effect a change within some aspect of his or her own life. Quitting smoking, for instance, not only entails a significant change from an unhealthy behavior to a healthy one, but also precipitates a transformation in one's identity from a lifelong smoker to a nonsmoker. What influences do life transitions have on an individual's journey as they evolve and develop into their "aging self?" To what extent can they age successfully and by what criteria – how they subjectively perceive it based on their own assessment or according to more objective standards akin to Rowe and Kahn's (1997;1998) aforementioned dimensions (Pruchno, Wilson-Genderson, & Cartwright, 2010; Strawbridge, Wallhagen, & Cohen, 2002)? What distinguishes those experiencing negative versus positive –

even resilient – outcomes? And knowing that, how should prevention and intervention efforts be targeted? The following articles in this special issue represent a combined effort to begin to address these questions.

In addition to comparing those who ever smoked with those who did not Pruchno et al examines the complex relationships that exist as individuals transition from being a smoker to a non smoker, factoring in the age at which one quits. Their findings emphasize that while broadly focused prevention and cessation efforts have value, special efforts need to be targeted to those early points in the life course when smoking behaviors are adopted. They also present some sobering conclusions pertaining to quitting in later life, which while it should not be discounted, does not easily predict one would age successfully by both objective as well as subjective criteria. This only reinforces the importance of not smoking at any point within the life course.

The article by Isherwood and colleagues speaks to the importance of social connectedness through social participation (particularly when involving contact with children) as a way to potentially promote more positive health outcomes for widows and widowers. The Australian Longitudinal Study of Ageing (ALSA) allowed them to take advantage of the availability of pre-loss data as well as account for a lengthy time span (over 16 years) beginning at the time prior to the loss. They discovered that the level of social engagement increased over time but the patterns were not uniform, whereby certain segments of the widowed population they studied were at greater risk for social isolation.

The final two articles in this issue explore contexts surrounding two seemingly distant points on the life course trajectory. Larkin and MacFarland present an overview of the linkages among what could be an array of adverse childhood experiences and undesirable mental health outcomes as well as addiction in later life. They introduce Restorative Integral Support (RIS) as a

best practice model intended to intervene on these linkages, fostering recovery and resilience among those so affected. Such a strategy capitalizes on the interplay between personal and community factors on health outcomes. The therapeutic relationships form a "culture of recovery," a community in which social networking principles promote, model, and reinforce constructive behavioral practices to meet daily challenges.

Finally, the centenarians in the Kim et al article lived through an array of life experiences that could set them apart as a unique segment of the aging population. They are not immune, however, from the decline in functioning that is more prevalent with increased age (this was especially so for women). They attempt to address this key question: To what extent is healthy aging possible at such an advanced age even with these functional limitations? Not surprisingly, their answer, at least in part, appears to be contextually rooted is a selection of personal, behavioral, social, and environmental factors. They clearly point out, however, that although their analyses benefited from a large national survey, questions still remain that can only be addressed with future longitudinal investigations.

I am particularly pleased that these articles draw from a breadth of experiences over the life course with implications for healthy aging. I am hopeful as well that further discourse centered on this important topic is stimulated as a result.

In closing, I wish to thank Bert Hayslip, Jr. and Gregory Smith who were immediately supportive of my idea for this special issue and provided valuable input to me throughout the entire process. I also acknowledge and I am appreciative of the contributions of the reviewers whose thorough and cogent assessments were indispensable to me as editorial decisions were made on the manuscripts that were submitted.

References

House, J. S. (2002). Understanding social factors and inequalities in health: 20th century progress and 21st century prospects. *J Health Soc Behav, 43*(2), 125-142.

Pruchno, R. A., Wilson-Genderson, M., & Cartwright, F. (2010). A two-factor model of successful aging. *J Gerontol B Psychol Sci Soc Sci, 65*(6), 671-679.

Rowe, J. W., & Kahn, R. L. (1987). Human aging: usual and successful. *Science, 237*(4811), 143-149.

Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *Gerontologist, 37*(4), 433-440.

Rowe, J. W., & Kahn, R. L. (1998). *Successful aging*. New York: Pantheon Books.

Sallis, J. F., Owen, N., & Fisher, E. B. (2008). Ecological models of health behavior. In K. Glanz, B. K. Rimer & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed., pp. 465-485). San Francisco, CA: Jossey-Bass.

Snowdon, D. (2001). *Aging with grace: What the Nun Study teaches us about leading longer, healthier, and more meaningful lives*. New York: Bantam Books.

Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being: self-rated compared with Rowe and Kahn. *Gerontologist, 42*(6), 727-733.

Vaillant, G. E. (2002). *Aging well: Surprising guideposts to a happier life from the Landmark Harvard Study of Adult Development*. Boston: Little, Brown and Company.

Vaillant, G. E., & Mukamal, K. (2001). Successful aging. *Am J Psychiatry, 158*(6), 839-847.

UU IR Author Manuscript